

EXHIBIT 1

1 Q. Okay. And, for example, at
2 Dartmouth there's a separate department of
3 economics that has a separate faculty of
4 professors and Ph.Ds who teach economics,
5 correct?

6 A. Yes. And since the time that
7 I've been at the Tuck School of Business at
8 Dartmouth, three of the faculty members from
9 the department of economics at Dartmouth
10 College in the college of arts and sciences
11 are now faculty members in the Tuck School of
12 Business.

13 Q. Okay. Faculty members of what
14 exactly?

15 A. We are all faculty members of
16 management with subspecialties.

17 Q. Okay. And their subspecialty,
18 for example, would be the economics side of
19 what you would study to get an MBA from Tuck,
20 correct?

21 A. Yes.

22 Q. Okay. Do you have any what I
23 would call -- well, are you familiar with the
24 prescription drug approval process in the

1 United States?

2 A. I am not an expert, and don't
3 have an opinion on that.

4 Q. Okay. You do some
5 health-related messaging initiatives, though,
6 don't you? And you study -- I believe you
7 said one of your consumer behavior sort of
8 sub-research interest was health choices,
9 correct?

10 A. Yes.

11 Q. Okay. So does that -- do you
12 have some level of knowledge of how
13 prescription drugs are approved in the US?

14 A. I am an expert on how consumers
15 make health-related decisions. I am not an
16 expert on the approval process for health
17 products and services.

18 Q. Okay. Do you know what an NDA
19 is, for example?

20 A. No.

21 Q. What about an ANDA?

22 A. No.

23 Q. Okay. Do you at least have an
24 understanding that prescription drugs can't

1 A. Yes.

2 Q. Since that time, do you recall
3 looking at, as part of your work on this
4 case, any FDA regulations regarding
5 prescription pharmaceuticals?

6 A. As is outlined in my report, I
7 looked at some FDA-sourced material related
8 to the valsartan recall.

9 Q. That would be FDA announcements
10 and the like specifically related to
11 valsartan, correct?

12 A. To the best of my recall, yes.

13 Q. Okay. Do you recall looking at
14 any FDA regulations of general applicability
15 to prescription pharmaceuticals as part of
16 your work in this case?

17 A. Not that I recall.

18 Q. Do you know what cGMPs are?

19 A. I know what the acronym stands
20 for.

21 Q. Okay. What is that?

22 A. Current manufacturing -- sorry,
23 current good manufacturing practices.

24 Q. Okay. Have you actually looked

1 at what the FDA regulations are regarding
2 cGMPs?

3 A. I am not an expert on
4 manufacturing processes. I'm an expert on
5 consumer decision-making.

6 Q. Okay. Have you reviewed any
7 FDA or congressional definitions of
8 adulteration and misbranding of drugs?

9 A. First, those were multiple
10 questions. Could you ask, and be specific.

11 Q. Sure, I'll break it down.
12 Have you reviewed any FDA or
13 congressional definitions of "adulteration"?

14 A. No.

15 Q. Okay. Same question for
16 "misbranding."

17 A. No.

18 Q. You don't have any expertise in
19 chemistry, do you?

20 A. Please define "expertise in
21 chemistry."

22 Q. Have you studied chemistry
23 ever?

24 A. Only in school, high school.

1 Q. Okay. So you would not call
2 yourself an expert chemist?

3 A. No.

4 Q. How about toxicology?

5 A. I would not consider myself an
6 expert in toxicology.

7 Q. I'm going to mark your report,
8 Dr. Keller, as Exhibit 2.

9 (Whereupon, Keller Exhibit
10 Number 2 was marked for
11 identification.)

12 MR. GOLDBERG: She has a copy
13 of it.

14 A. A copy of my report, yes. It's
15 okay, I'm happy to use yours.

16 BY MR. DAVIS:

17 Q. You can keep mine, the marked
18 copy, but if you feel more comfortable
19 reviewing yours, that's fine.

20 A. No, I'm fine with either copy.

21 MR. DAVIS: Do you want a copy,
22 Seth?

23 MR. GOLDBERG: I'll take it
24 just for recordkeeping purposes.

1 other words, approved as safe and effective
2 by the FDA? Is that part of the messaging?

3 A. I do not recall. My task in
4 this project is to focus on the how versus
5 why components of that message. There are
6 other team members that are focused on other
7 aspects of who gets the message and the
8 context in which they get the message.

9 Q. Okay. Let's transition.

10 MR. GOLDBERG: John, if we are
11 transitioning, can we take a break?

12 MR. DAVIS: Sure. Yeah, that's
13 fine.

14 THE VIDEOGRAPHER: Off the
15 record at 10:43.

16 (Whereupon, a recess was
17 taken.)

18 THE VIDEOGRAPHER: Back on the
19 record at 11:04.

20 BY MR. DAVIS:

21 Q. Do you have any understanding
22 of how generic drugs specifically get
23 approved in the US?

24 A. No.

1 A. I will repeat why I am not
2 saying that there was no supply. In part, I
3 don't know what supply there already was in
4 the marketplace, I don't know what -- how it
5 was recalled, I don't know what instructions
6 people gave, physicians and otherwise, as to
7 what people should do with whatever supply
8 was available, and I actually from this
9 sentence don't even know.

10 It says earlier that they're
11 going to work with them. I don't know when
12 they started working with them and allowed
13 them to reenter the market. I don't know.

14 Q. Do you know what happens to the
15 supply of pharmaceuticals that are already in
16 the market once a recall is announced? Do
17 you know what happens to those pills that are
18 sitting on warehouse shelves or pharmacy
19 shelves after the recall is announced?

20 A. I am not an expert on this, and
21 I will not form an opinion.

22 MR. GOLDBERG: John, I think
23 we've been going about 90 minutes.

24 MR. DAVIS: Sure. Five

1 my figure on page 43, because they were
2 supplied. And I'm saying that if you went
3 back retrospectively and asked those
4 consumers, Hey, given what you know now about
5 the impurities and whichever way you want to
6 define it -- and that is going to make a
7 difference how you define it and how you
8 communicate it and who communicates it -- how
9 would you assess the value of the work of
10 this -- of the at-issue VCD that you took.

11 And all this is saying here in
12 my figure is that you will get a range of
13 responses.

14 Q. What literature do you have to
15 support what appears to be your proposition
16 that an economic damages analysis should be
17 based on a retrospective look as opposed to
18 measuring at the time of injury?

19 A. I am not a lawyer. I don't
20 have an opinion on that.

21 Q. Okay. And you're not offering
22 an economic damages analysis here, are you?

23 A. No.

24 Q. And you're not qualified to do

1 this determination, but to say that a drug is
2 worthless because it's -- let me read that
3 again, even if it is efficacious that the
4 economic value is zero is wrong.

5 Q. Okay. But you testified
6 earlier that you've never done an economic
7 damages analysis in litigation, have you?

8 A. Correct.

9 Q. And you've never done one
10 period, right?

11 A. Correct.

12 Q. Okay. And you're not an
13 economist, right?

14 A. I have a bachelor's in
15 economics, but I'm not an economist.

16 Q. All right. Thank you.

17 MR. DAVIS: Let's take a quick
18 break, five minutes, and I'm pretty
19 close.

20 MR. GOLDBERG: Okay.

21 MR. DAVIS: We can go off the
22 record.

23 THE VIDEOGRAPHER: Off the
24 record at 3:29.